

SOUND

NW TAX SERVICES

After completing, please save and upload to our portal. For an invitation to the portal or any questions, please email haroula@soundnwtax.com

SMALL BUSINESS TAX ORGANIZER

GENERAL BUSINESS INFORMATION

Name of Business _____ Owner _____ EIN or SS # _____
Type of Business (Industry) _____ Business Phone # _____ Email _____
Business Address _____ City _____ State _____ Zip _____
____ Sole Proprietor ____ S-Corp ____ C-Corp ____ LLC ____ Partnership Accounting Method ____ Cash ____ Accrual
Start Date _____ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) _____

INCOME & EXPENSES

TOTAL REVENUE (1099's plus other revenue)

Less Returns and Allowances _____

EXPENSES

Advertising _____
Automobile Expense (complete section to right) _____
Bank Service Charges _____
Cleaning & Janitorial _____
Commissions/Independent Contractors _____
Computer & Internet Expenses _____
Dues & Publications _____
Education & Seminars _____
Employee Benefit Programs _____
Fines & Penalties (Non-Deductable) _____
Insurance (Fire, Liability, Workers Comp) _____
 Health Insurance _____
 Life & Disability Insurance _____
Interest (Business Related) _____
Legal & Professional Fees _____
Licenses & Permits _____
Office Supplies & Expenses _____
Postage & Freight _____
Rent/Lease Business Property _____
Repairs & Maintenance _____
Supplies _____
Taxes (not Income Tax or Sales Tax) _____
Travel & Lodging (Out of Town) _____
Meals & Entertainment _____
Telephone (Local, Long Distance, Cell) _____
Tools Replacement _____
Uniforms _____
Utilities _____
Wages & Salaries Paid Out _____
 Payroll Taxes _____
Other Expenses (Please List) _____

COST OF GOODS SOLD

Product Purchased for Resale _____
Product Used for Personal Use _____
Materials and Supplies _____
Contract Labor _____
Beginning Inventory _____
Ending Inventory _____

BUSINESS USE OF VEHICLE

Vehicle Description _____
Date Vehicle was Placed in Service _____
Original Purchase Price or Other Basis _____
Mileage (All Fields Required)
 Business Miles _____
 Commuting Miles _____
 Other Personal Miles _____
 Total Miles _____

Actual Expenses Paid

Gasoline & Oil _____
Repairs, Tires, Car Washes _____
Auto Insurance _____
Registration Fees _____
Vehicle Loan Interest _____

OFFICE IN HOME EXPENSES

Area Used Exclusively for Business _____ sq. ft.
Total Area of Home _____ sq. ft.
Mortgage Interest _____
Property Taxes _____
Mortgage Insurance _____
Homeowners Insurance _____
Rent _____
Repairs & Maintenance _____
Utilities _____
Other Expenses _____

NEW EQUIPMENT PURCHASED

Furniture, Equipment and Tools Purchased for more than \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on the back side of this paper with the Date Purchased, Description, and Purchase Price.